

Dear Host Organization Representative,

Thank you for your interest in hosting an international Trainee through CIEE, the Council on International Educational Exchange! CIEE is designated by the U.S. Department of State to sponsor eligible candidates on practical career trainings with the J-1 Exchange Visitor Program.

The intention of this program is to provide university students and young professionals with meaningful career training while enriching their understanding of American techniques in their field. Before making the commitment to hosting a Trainee, please consider the following:

- If you are looking to supplement your current staff with additional workers, this is not the program for you! This program is intended to provide an opportunity for a balanced exchange of skills and ideas between the Host Organization and the Trainee. It is not intended to fill a labor gap within your organization.
- Can you offer a training plan that compliments the prospective Trainee's academic and/or career background? Discuss with her/him the goals and objectives for the training that are appropriate for her/his skill level. Be realistic about what kind of training your organization can offer.
- The proposed training should be progressive in skill acquisition and development. The strongest training plans expose the Trainee to new skill sets, projects, or departments throughout the training.

If you feel this program is right for both you and the prospective Trainee, the next step is to fill out the DS-7002 Training/Internship Placement Plan. Complete each section as thoroughly as possible. The information you provide is required by the Department of State. Equally important, it provides CIEE the information we need to determine the appropriateness and viability of the training.

Need help filling out the DS-7002? Follow this link for a guide to completing the forms: <http://www.ciee.org/trainee/newhost/nextsteps/> or call CIEE at 1.888.369.1620 for assistance.

Once you have completed the DS-7002, your prospective Trainee will submit her or his application to one of our overseas agents. The agent will send the completed application to CIEE. The CIEE Trainee Team will review the application and contact you via email or phone with additional follow-up. There are many factors that determine whether we approve an application. Therefore, we may request more information from you in order to make the most informed decision.

Please be aware that depending on the size of your organization, we may need to conduct a site visit. These visits are quick, simple, and are an important part of our review process. If you would like to know if your company will need a site visit or have any other questions, call CIEE at 1.888.369.1620.

Thank you again for your interest in CIEE's Trainee Program and we look forward to working with you in the future!

Sincerely,

The CIEE Trainee Team



# TRAINING/INTERNSHIP PLACEMENT PLAN

<b>Check one:</b>  <input type="checkbox"/> Trainee  <input type="checkbox"/> Intern	Occupational Field		Number of Years of Experience
	Level of Degree	Date Awarded ( <i>mm-dd-yyyy</i> )	Field of Study

## PARTICIPANT INFORMATION

Trainee/Intern Name ( <i>Last, First, MI</i> )		U.S. Residence Address
U.S. Telephone Number	FAX Number	Email Address

## SITE OF ACTIVITY INFORMATION

Host Organization		Address	
Supervisor's Name ( <i>Last, First, MI</i> )		Email Address	
Phone Number	FAX Number	Supervisor's Title	
Dates of Program ( <i>mm-dd-yyyy</i> ) From _____ To _____	Hours Per Week	Will Trainee/Intern receive a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how much? \$ _____ per _____

## CONTRACT AGREEMENT

**NOTE-** Sponsors will not approve any contracts, and Trainees/Interns may not begin their programs until both a Training/Internship Placement Plan (*page 2*) and proof of required insurance that meets 22 CFR 62.14 is on file with the sponsor.

**Trainee/Intern-** I hereby acknowledge, understand and agree to the attached Training/Internship Placement Plan.

Trainee/Intern Signature	Date ( <i>mm-dd-yyyy</i> )
--------------------------	----------------------------

**Supervisor-** I certify that I will provide on-site supervision and that this training/internship is known and approved by this company/business or organization (*site of activity*). I will ensure that the required insurance is in place that meets 22 CFR 62.14 and provide the sponsor with written evaluations of the trainee/intern's performance, including the number of hours performed, the type of training, and the quality of the performance. At minimum, I will submit the evaluation at the mid-point and end of the program.

Supervisor's Signature	Date ( <i>mm-dd-yyyy</i> )
------------------------	----------------------------

**Sponsor-** I approve the attached Training/Internship Placement Plan. I certify the following:

1. Sufficient planning, equipment, and trained personnel will be dedicated to provide the training/internship specified;
2. The training/internship program is not designed to recruit and train aliens for employment in the United States;
3. Trainees/Interns will not displace full-time or part-time U.S. employees; and
4. That training and internship programs in the field of agriculture meet all requirements of the Employment Relationship under the Fair Labor Standards Act and the Migrant and Seasonal Agricultural Worker Protection Act (*29 CFR Part 500*).

I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both."

Sponsor's Signature ( <i>RO/ARO</i> ) <b>CIEE Use Only</b>	Date ( <i>mm-dd-yyyy</i> ) <b>CIEE Use Only</b>
--	---

Program Sponsor Name <b>CIEE</b>	Program Number <b>CIEE Use Only</b>
-------------------------------------	-------------------------------------

Program Sponsor Name <b>CIEE</b>		Program Number <i>CIEE Use Only</i>	
<b>TRAINING/INTERNSHIP PLACEMENT PLAN</b>			
An acceptable Training/Internship Placement Plan should cover a definite period of time and should consist of definite phases of training or tasks performed with a specific objective for each phase. The plan must also contain information on how the trainees/interns will accomplish those objectives ( <i>i.e. classes, individual instruction, shadowing, etc.</i> ). Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of page 2 must be completed for each phase if applicable ( <i>i.e.; if the trainee/intern is rotating through different departments</i> ).			
Name of Trainee/Intern ( <i>Last, First, MI</i> )		Field of Training/Internship	
Name of Phase	Start Date for this Phase <hr/> <i>(mm-dd-yyyy)</i>	End Date for this Phase <hr/> <i>(mm-dd-yyyy)</i>	Phase _____ of _____
Specific Objective for This Phase			
Skills to be Imparted for This Phase			
Justification for On-The-Job Training			
Chronology or Syllabus of Training or Tasks Performed During This Phase			
Method of Evaluation and the Frequency of Supervision During This Phase			



### Additional Host Organization Information

The following information is a required part of the Internship/Training Placement Plan. Forms not completed in their entirety will be held as incomplete, so please take the time to go through this page carefully before submitting.

\*Indicates fields that are required to determine if a site visit is necessary under Department of State regulations. CIEE reserves the right to conduct a site visit at any prospective Host Organization as part of its review process.

Name of Trainee/Intern ( <i>Last, First, MI</i> )			
Company activities (You may also include additional materials, such as a one-page company summary or brochures, to describe the company):			
Website:		No Website: <input type="checkbox"/>	Year Founded:
Parent Company (if applicable):		DBA (if applicable):	
		Dun & Bradstreet ID Number: ( <i>To be eligible to participate in this program, Host Organizations must have a Dun &amp; Bradstreet ID Number</i> )	
Employer ID Number: ( <i>To be eligible to participate in this program, Host Organizations must provide their Federal Employer ID Number</i> )		Workers' Compensation: ( <i>To be eligible to participate in this program, Host Organizations must maintain a Worker's Compensation insurance policy</i> ) Y: <input type="checkbox"/> N: <input type="checkbox"/>	
*Annual Revenue (companywide nationally): <input type="checkbox"/> < \$ 999,999 USD <input type="checkbox"/> \$ 1,000,000 to \$ 2,999,999 USD <input type="checkbox"/> \$ 3,000,000 to \$ 4,999,999 USD <input type="checkbox"/> > \$ 5,000,000 USD		*Number of Full-Time Employees Companywide in the US:  Number of employees in department(s) in which Intern/Trainee will be placed:  Number of international Interns/Trainees other than this applicant who will also be training in department(s):	
*Has Host Organization hosted an Intern/Trainee through CIEE in the past three years? Y: <input type="checkbox"/> N: <input type="checkbox"/>			
If the host organization will provide any of the following, indicate approximate value of each <b>per month</b> :			
Housing:  U.S \$	Board:  U.S \$	Transportation:  U.S \$	Other:  U.S \$
Name of alternate contact at Host Organization:			
Title:	Email:	Telephone:	
<b>Primary Supervisor Information</b>			
Name:			
Years of experience in this field:			
Length of time working at this organization:			
Brief description of experience in this field:			